

USE TYPEWRITER OR
BALL POINT PEN

State of Idaho
Department of Water Resources

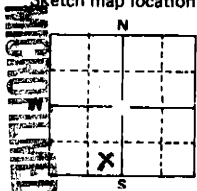
RECEIVED

OCT 10 1980

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

CITY OF POST FALLS

1. WELL OWNER Name <u>CITY OF POST FALLS</u> Address <u>POST FALLS IDAHO</u> Owner's Permit No. <u>95-80-N-60</u>		7. WATER LEVEL Static water level <u>245</u> feet below land surface Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____ Temperature <u>48</u> ° F. Quality <u>GOOD</u> Artesian closed-in pressure _____ p.s.i. Controlled by <input type="checkbox"/> Valve <input checked="" type="checkbox"/> Cap <input type="checkbox"/> Plug																																																																																															
2. NATURE OF WORK <input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement <input type="checkbox"/> Abandoned (describe method of abandoning) _____		8. WELL TEST DATA <u>NO TEST MADE</u> <input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Other _____																																																																																															
3. PROPOSED USE <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Other (specify type) _____ <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection		9. LITHOLOGIC LOG																																																																																															
4. METHOD DRILLED <input checked="" type="checkbox"/> Cable <input type="checkbox"/> Rotary <input type="checkbox"/> Dug <input type="checkbox"/> Other _____		<table border="1"><thead><tr><th rowspan="2">Hole Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>20</td><td>0</td><td>22</td><td>GRAVEL 2" MINUS</td><td></td><td>X</td></tr><tr><td>16</td><td>22</td><td>45</td><td>GRAVEL 2" MINUS</td><td></td><td>X</td></tr><tr><td>16</td><td>45</td><td>86</td><td>GRAVEL 3" MINUS</td><td></td><td>X</td></tr><tr><td>16</td><td>86</td><td>133</td><td>GRAVEL 2" MINUS</td><td></td><td>X</td></tr><tr><td>16</td><td>133</td><td>148</td><td>GRAVEL + SAND 1" MIN.</td><td></td><td>X</td></tr><tr><td>16</td><td>148</td><td>189</td><td>GRAVEL + COARSE SAND</td><td></td><td>X</td></tr><tr><td>16</td><td>189</td><td>203</td><td>GRAVEL + SAND 2" MIN.</td><td></td><td>X</td></tr><tr><td>16</td><td>203</td><td>245</td><td>GRAVEL 6" MINUS</td><td></td><td>X</td></tr><tr><td>16</td><td>245</td><td>255</td><td>GRAVEL 2" MINUS</td><td>X</td><td></td></tr><tr><td>16</td><td>255</td><td>268</td><td>GRAVEL-TRACE OF CLAY</td><td>X</td><td></td></tr><tr><td>16</td><td>268</td><td>300</td><td>GRAVEL 1" MINUS</td><td>X</td><td></td></tr><tr><td>16</td><td>300</td><td>308</td><td>GRAVEL + SAND</td><td>X</td><td></td></tr><tr><td>16</td><td>308</td><td>315</td><td>SAND + CLAY</td><td>X</td><td></td></tr><tr><td>16</td><td>315</td><td>328</td><td>GRAVEL + SAND 1" MINUS</td><td>X</td><td></td></tr></tbody></table>		Hole Diam.	Depth		Material	Water		From	To	Yes	No	20	0	22	GRAVEL 2" MINUS		X	16	22	45	GRAVEL 2" MINUS		X	16	45	86	GRAVEL 3" MINUS		X	16	86	133	GRAVEL 2" MINUS		X	16	133	148	GRAVEL + SAND 1" MIN.		X	16	148	189	GRAVEL + COARSE SAND		X	16	189	203	GRAVEL + SAND 2" MIN.		X	16	203	245	GRAVEL 6" MINUS		X	16	245	255	GRAVEL 2" MINUS	X		16	255	268	GRAVEL-TRACE OF CLAY	X		16	268	300	GRAVEL 1" MINUS	X		16	300	308	GRAVEL + SAND	X		16	308	315	SAND + CLAY	X		16	315	328	GRAVEL + SAND 1" MINUS	X	
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5. WELL CONSTRUCTION Diameter of hole <u>16</u> inches Total depth <u>328</u> feet Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>.375</u> inches</td><td><u>16</u> inches</td><td><u>2</u> feet</td><td><u>291</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch Size of perforation _____ inches by _____ inches <table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Well screen installed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Manufacturer's name <u>U.O.P. JOHNSON</u> Type <u>STAINLESS</u> Model No. <u>TELESCOPE</u> Diameter <u>16</u> Slot size <u>1/8"</u> Set from <u>291</u> feet to <u>328</u> feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>22 FT</u> Material used in seal <input checked="" type="checkbox"/> Cement grout <input type="checkbox"/> Pudding clay <input type="checkbox"/> Well cuttings Sealing procedure used <input type="checkbox"/> Shurry pit <input checked="" type="checkbox"/> Temporary surface casing <input type="checkbox"/> Overbore to seal depth _____		Thickness	Diameter	From	To	<u>.375</u> inches	<u>16</u> inches	<u>2</u> feet	<u>291</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	<p>OPINION OF DRILLER WELL HAS CAPACITY OF 300 GPM 2003 JEM</p> <p>RECEIVED NOV 12 1980 RECEIVED NOV 6 1980</p>																																																											
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6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>BOOTHE</u> <u>IDAHO</u> S.W. <u>1/4</u> S.E. <u>1/4</u> Sec. <u>27</u> T. <u>51</u> N/S. R. <u>5</u> E/W		10. Work started <u>8-25-80</u> finished <u>10-7-80</u>																																																																																															
11. DRILLERS CERTIFICATION Firm Name <u>HOLMAN DRILLING CORP</u> Firm No. <u>108</u> Address <u>2340 9TH AVE</u> Date <u>10-20-80</u> <u>SPOKANE WASH</u> Signed by (Firm Official) <u>Arnold E. Holman</u> and (Operator) <u>Arnold E. Holman</u>																																																																																																	

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT